

**Dear Physician or Practitioner:**

## Employer Information

Employee/Patient Name

Does \_\_\_\_\_ have a serious health condition?      Yes      No  
(patient name)

☐ What date did the condition begin?

☐ What is the probable duration of the condition?

☐ Specify medical facts regarding the serious health condition (diagnosis not required).

☐ Please indicate the extent to which the employee is unable to perform his or her employment duties.

### Physician/Practitioner Information

(This suggested form may be reproduced by employers.)